



POLITICAL INQUIRY FORM  
REQUEST FOR NON-CANDIDATE/ISSUE RATECARD

Market/Station: WCBS/WLNY- New York

Date of Request: 1/23/17

Request Received By: John LINK

- |   |  |  |
|---|--|--|
| 1. AGENCY NAME, ADDRESS & PHONE                 | CANAL PARTNERS MEDIA<br>25 Whitlock Pl Ste 201<br>Marietta, GA 30064<br>770.427.0735 | Agency Contact:<br>Devon PRESCOD   |
| 2. ORGANIZATION/COMMITTEE NAME, ADDRESS & PHONE | HEALTHCARE EDUCATION PROJECT<br>330 W 42 St<br>New York, NY 10036<br>646.473.8481    | <b>*REQUIRED:</b> List the chief executive officers, members of the executive committee, or the board of directors and their titles:<br>Kirk Adams, Director<br>Alex Rabb, Treasurer |
| 3. ORGANIZATION FURNISHING TAPES:               | See Line 1   |  |

4. SELECT ONE AND COMPLETE BOXES AS APPLICABLE:



The organization listed in BOX 2 has purchased time to communicate a message **THAT DOES REFER** to a matter of national importance (a legally qualified candidate for federal office, an election to federal office, or a national legislative issue of public importance)

Identify the legally qualified candidate for federal office mentioned in the message, if applicable:

Identify the election to federal office mentioned in the message, if applicable:

Identify the national legislative issue of public importance mentioned in the message, if applicable:  
Affordable Care Act



The organization listed in BOX 2 has purchased time to communicate a message **THAT DOES NOT REFER** to a matter of national importance

Identify the issue to which the message refers:

POLITICAL PARTY (if applicable):

5. NATURE OF REQUEST:

Request For NON-CANDIDATE/ISSUE Card  
All Dayparts, All Programs, All Classes of Time, All Lengths



6. DISPOSITION MADE OF REQUEST:

- a) Granted/Avails Offered  
b) Rejected (Provide Reason)



7. SUBSEQUENT DEVELOPMENTS/AMOUNT OF CHARGES:

SEE FILE

CBS EMPLOYEE COMPLETING FORM

Zak Pflieger for John Link, CBS Television Stations, 1/23/17